Wraparound/Coordinated Services Team (CST): Frequently Asked Questions for Referring Person

- **Is there a difference between Wraparound and CST?**
  - Wraparound and Coordinated Services Team (CST) are the same thing
  - CST is often referred to as Wraparound

- **Who can make a referral to CST?**
  - Anyone
  - Referral can be obtained at: http://www.jeffersoncountywi.gov/departments/human_services/child_and_family_support_and_services/wraparound.php

- **Who should be contacted if there are questions about referring?**
  - Wraparound/CST Supervisor: Erica Lowrey
  - EricaL@jeffersoncountywi.gov 920-674-8170

- **Is there a cost to participate? What insurances are accepted?**
  - No cost to participate.
  - Any insurance is accepted as well as families that do not have insurance coverage.

- **Does the consent form (last page of referral) need to be signed in order to refer?**
  - Yes, parent must sign consenting for the referral to be sent.

- **What are the criteria for youth to be eligible to participate?**
  - Age: 0-18
  - Jefferson County Resident
  - Youth has multiple needs (Such as: Mental Health, Education, Juvenile Justice, Child Protective Services, Alcohol/Drug Abuse, Cognitive Needs, Developmental Needs)
  - Other interventions have been tried but not successful over time; persistent obstacles to service access; and/or there is a need for service coordination
  - Parents are willing to address needs through a team process by meeting as a team with natural supports and/or other service providers on a regular basis

- **Are there any programs that would make a youth ineligible to participate in CST at the same time?**
  - Children's Long Term Support Waiver (CLTS)
  - Comprehensive Community Services (CCS)

- **Will the referring person know if the family enrolls in CST?**
  - Yes. The referring person will be contacted with the parent's decision to enroll or not enroll.
- **Is it voluntary?**
  - Yes

- **What is the goal of Wraparound?**
  - To identify and meet the needs of the youth
  - For parents and youth to feel more empowered to be their own advocate and so they are able to respond well to future challenges

- **What is the role of the CST Service Coordinator?**
  - Perform screening and assessment
  - Coordinates and facilitates all CST meetings
  - Provides support and advocacy for the family
  - Shares knowledge of resources
  - Monitors the plan

- **What is the role of a team member?**
  - Provide support to the family and youth
  - Help the youth accomplish their goals
  - Provide ideas, insight and feedback

- **What services does Wraparound provide?**
  - Wraparound is a team process and not a service
  - Example: if therapy is needed, the family would pick an in-network community provider that is covered through their insurance coverage.

- **Is there funding to assist in purchasing items/services?**
  - No

- **Can the process help plan for the needs of the parents or siblings?**
  - Yes, Wraparound "wraps" around the family unit to meet the needs of parents and siblings.

- **What does the involvement of the youth look like?**
  - Ideal for youth to be involved in all steps of the process
  - Factors taken into consideration: age, developmental functioning, willingness to participate, and topic(s) being discussed

- **What does the CST process look like?**
  1. Referral is made and received by CST Supervisor
  2. Referral is assigned to a CST Service Coordinator
  3. Service Coordinator contacts family and sets up a Screening apt to review the CST process, learn more about what the family is looking for, and determine eligibility.

4. If the family decides to enroll, the family contacts Mary Ostrander (920-674-3105) to set up opening apt at Human Services building (1541 Annex Rd, Jefferson WI 53549).
5. Upon receiving the opening paperwork, the Service Coordinator contacts the family to set up first assessment apt. The Service Coordinator contacts the referring person to let them know the status of the referral.
6. The family and Service Coordinator complete a comprehensive assessment over a period of 30 days and during this time the family identifies who they want on their team, signs releases, and the Service Coordinator contacts team members to invite them to be on the team.
7. The team meets to develop goals within 30 days.
8. The team continues to meet on a regular basis to make plans, assign tasks, address barriers and evaluate progress.